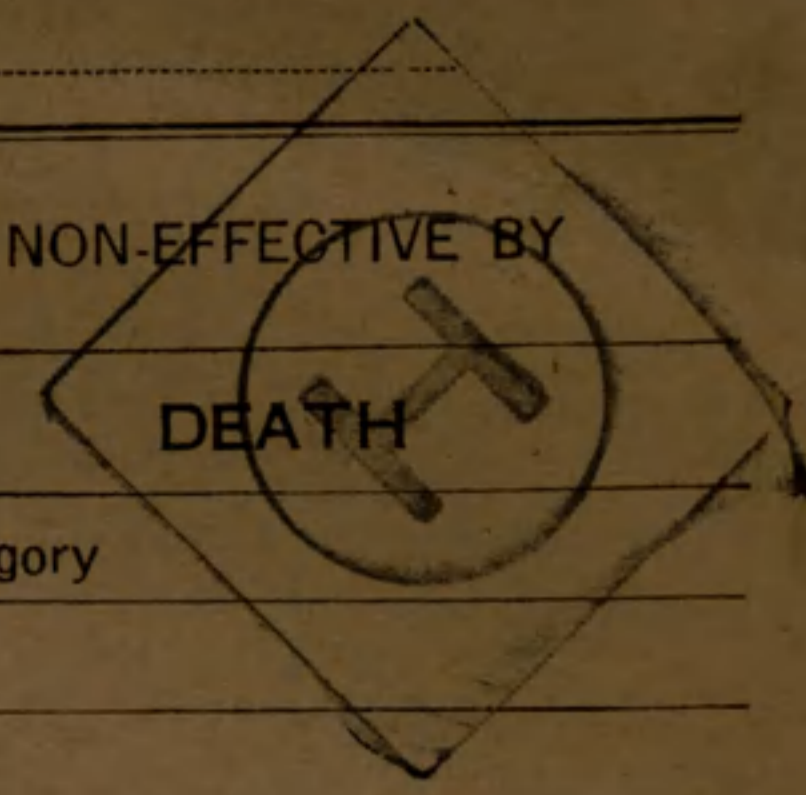
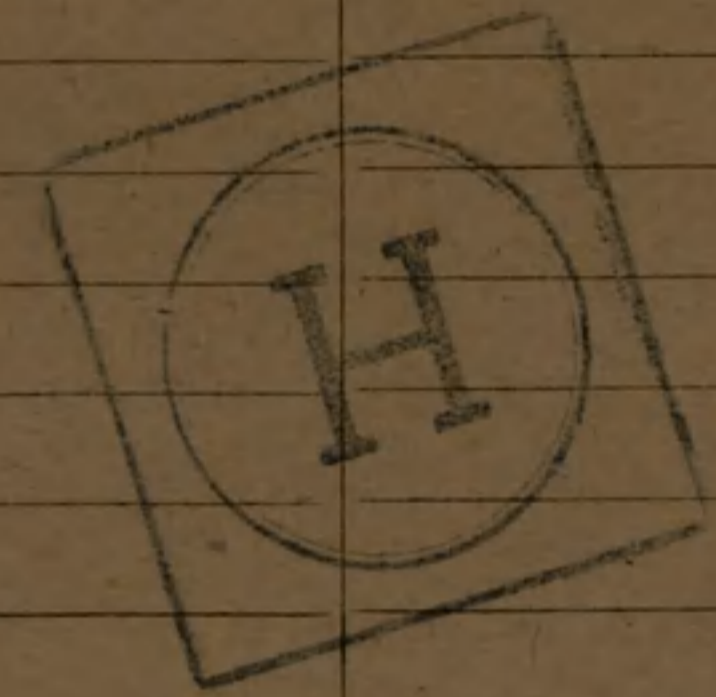


REGIMENTAL DOCUMENTS

14-4-19
A.G.

NAME COPELAND CHARLES STEPHEN REGT. NO. 1001187 UNIT H3 Bn H. Q. FILE NO. _____

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
4/1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)		(M)			DEATH
2 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)				35442	Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
1 REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)					
1 COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
1 MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					<i>Demob.</i>
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
1 PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					
PARTICULARS OF CHARACTER (A.F.W. 3226)					
1 COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 <i>F.C.D #3</i>					
1 <i>M.F.W. 67</i>					
1 <i>1122</i>					
1 <i>[faint]</i>					



226th OVERSEAS BATTALION C. E. F.
ATTESTATION PAPER.

No. 1001187

Folio. ORIGINAL

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 1. What is your surname?..... *Copelana*
- 1a. What are your Christian names?..... *Charles Stephen*
- 1b. What is your present address?..... *Birtle Man*
- 2. In what Town, Township or Parish, and in what Country were you born?..... *Birtle Man*
- 3. What is the name of your next-of-kin?..... *Mrs. Mary Copelana*
- 4. What is the address of your next-of-kin?..... *Birtle Man*
- 4a. What is the relationship of your next-of-kin?..... *Mother*
- 5. What is the date of your birth?..... *Feb. 28th 1898*
- 6. What is your Trade or Calling?..... *Bank Clerk*
- 7. Are you married?..... *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... *Yes*
- 9. Do you now belong to the Active Militia?..... *No*
- 10. Have you ever served in any Military Force?..... *No*
If so, state particulars of former service.
- 11. Do you understand the nature and terms of your engagement?..... *Yes*
- 12. Are you willing to be attested to serve in the }
 CANADIAN OVER-SEAS EXPEDITIONARY FORCE? } *Yes*

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Charles Stephen Copelana* do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the **Canadian Over-Seas Expeditionary Force**, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

..... *C. S. Copelana* (Signature of Recruit)
 Date *March 30* 1916 *Lieut. Leo Ward* (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Charles Stephen Copelana*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty **King George the Fifth**, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

..... *C. S. Copelana* (Signature of Recruit)
 Date *March 30* 1916 *Lieut. Leo Ward* (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence. I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at *Birtle Man* this *30th* day of *March* 1916
 *J. C. Dudley* (Signature of Justice)

Com in B.R.

Description of *Charles Stephen Copeland* Enlistment.

Apparent Age... *18*... years... *1*... months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height... *5* ft. *5 1/2* ins.

Chest measurement { Girth when fully expanded... *34* ins.
 Range of expansion... *3* ins.

Complexion... *Medium*

Eyes... *Grey*

Hair... *Brown*

- Religious denominations
- Church of England
 - ~~Presbyterian~~
 - ~~Methodist~~
 - ~~Baptist or Congregationalist~~
 - ~~Roman Catholic~~
 - ~~Jewish~~
 - ~~Other Denominations~~
(Denomination to be stated)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and declares that he is not subject to fits of any description.

I consider him*... *Fit*... for the **Canadian Over-Seas Expeditionary Force.**

Date... *March 30*... 191*6*

Place... *Birtleman*

J. Duxbury Capt
Thos P Smith
 Medical Officer.

* Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

.....

CERTIFICATE OF OFFICER COMMANDING UNIT.

Charles Stephen Copeland... having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

Thos P Smith
 Lieut. Colonel (Signature of Officer)
 Commanding 226th. Overseas Battalion C. E. F.

Date... *March 30*... 191*6*.

CANADIAN EXPEDITIONARY FORCE

DISCHARGE CERTIFICATE

War Service Badge
Class "A" No. 74507

THIS IS TO CERTIFY that No. 1001187 (Rank) Private
Name (in full) COPELAND - CHARLES STEVEN enlisted in
the 226th O.S. Battalion
CANADIAN EXPEDITIONARY FORCE at Birtle, Man. on the 30th
day of March 1916.
HE served in 43rd Cdn. Battalion (C.H. of C.)
and is now discharged from the service by reason of Demobilization.
Medical Unfitness. *Demobilization R.O. 1420 (-)*

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age <u>21</u>	Marks or Scars
Height <u>5' 5 1/2"</u>	
Complexion	
Eyes	
Hair	

C. Copeland
Signature of Soldier

Wm. Stoddart
Issuing Officer

Private
Rank

Date of Discharge MAR 24 1919
Medical District No. 10

Date 4th March 1919

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

DISCHARGE CERTIFICATE

1.—That discharge certificate must be carried when wearing uniform.

2.—That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing, and

3.—That wearing of uniform renders him liable to usual military discipline, as if on the strength of a unit.

THIS IS TO CERTIFY that _____ (Name (in full)) _____ the _____ CANADIAN EXPEDITIONARY FORCE at _____ day of _____ 19____.

HE served in _____ and is now discharged from the service by reason of _____ Demobilization _____

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age	_____
Height	_____
Complexion	_____
Eyes	_____
Hair	_____
Signature of Soldier	_____
Date of Discharge	_____
Signature of Officer	_____
Date	_____

N.B.—As no duplicate of this Certificate will be issued, any record bearing same is requested to forward it in an unstamped envelope to the Secretary, Military Forces, Ottawa, Canada.

MILITIA AND DEFENCE
 ASSIGNED PAY
 OVERSEAS CONTINGENTS

To Whom *Mrs. Mary Copeland,* By Whom Assigned *Copeland, C. S.*
 Address *Birtle,* Regtl. No. *100187.*
Man. Rank *Pte*
 Corps *226th Btn.*
 Rate *\$20.⁰⁰* *Mar 1/1917.*

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			<i>2. m. 19/2. /17.</i>
Sept.				<i>30/3/17. H. S. M.</i>
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



110
21322*

1

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2.

Mrs. Mary Copeland.

Name of Soldier

Copeland, C.S.

PAYMENTS.

100187 - Pte - 226th Bn.

L. L. Job 4503. - Req. 6832.

Month.	Year.	Cheque No.	Amt.	Remarks.
			<i>\$20⁰⁰</i>	<i>Wtd 1/1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March		<i>054142</i>	<i>20.</i>	<i>20 L</i>
April		<i>A3950</i>	<i>20.</i>	<i>20 B</i>
May		<i>J-7198</i>	<i>20</i>	<i>20 Ch</i>
June		<i>J 14258</i>	<i>20</i>	<i>20 Lu</i>
July		<i>X20355</i>	<i>20</i>	<i>Lu</i>
Aug.		<i>D28248</i>	<i>20</i>	<i>D</i>
Sept.		<i>L 35201</i>	<i>20</i>	<i>J</i>
Oct.		<i>E46471</i>	<i>20</i>	
Nov.		<i>W 52063</i>	<i>20</i>	
Dec.		<i>A 45225</i>	<i>20</i>	
Jan.	1918		<i>20</i>	
Feb.				
March				
April				
May				
June				
July				

W.A.P.

200⁰⁰ Ad.

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

PAYMENTS.

Name of Soldier _____

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

LTR

Rank _____ Name **COPELAND, Charles Stephen** ✓ Reg'l No. **1001187** ✓
 Unit **226th, Bn.** If in perm. Corps, } Married or Single **Single.** ✓
 What Unit? }
 Place and Date of Enlistment **Birtle, Man, March 30th, 1916** ✓. Place of Birth **Birtle, Man.** ✓
 Name and Address, Next-of-Kin **Mrs Mary Copeland.** ✓
Birtle, Manitoba. Relationship **Mother.** ✓
 Assigned Pay Monthly \$ _____ Payable to _____ Relationship _____
 Separation Allowance \$ _____ Payable to _____ Relationship _____
 Discharge, Date and Place _____ Reason _____ Character _____

N/E. R. **19212**
 File R _____
 Categ. **G.H. Cont.**

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
Arrived in England S.S. Olympic 26-Dec-16					
7.4.17	O.C. 226 Bn.	S.O.S. to 14 Res. Bn.	B' Shott	7.4.17	Part II D.O. 84 ✓ 14 Res. Bn. ✓ 9.4.17 ✓ 17.6.17 ✓ 15.10.17 ✓ 16.2.19 ✓ 18.2.19 ✓ 24.2.19 ✓ 5-3-19 ✓ 12.3.19 ✓
17.6.17	14 th Res	S.O.S. proc overseas to 43 rd B.	Debgali	16.6.17	Part II DO 164
15.10.17	---	S.O.S. to 11 th Res	Stiff	15.10.17	Part II DO 285 (11 th Res Bn DO 212/15.10.17)
16-2-19.	43 rd	Proc. to England	" Field	10-2-19.	DO 12.
18-2-19.	"	S.O.S. on trans to Can Record list	"	18-2-19	DO 13.
24.2.19	"	S.O.S. from Rec. list.	B' Shott.	10.2.19	DO 14. Part II 19 8/3/19
5-3-19	43 rd B	Proc to England	Pte Field	20-2-19	Part II 19
12.3.19	43 rd	S.O.S. on proceeding to Canada		12.3.19	pl. 2. 18
		Sailing list 32. Displ. area M			

AIR 103 CHECKED
 JUL 1917
 J

ORIGINAL MEDICAL HISTORY SHEET.

Surname Capeland Christian Name Charles Steven

Examined { on 30th day of March 1916
 at Bisle, Man
 Birthplace { City or Town Bisle
 County Man

Approved by James Duxbury
 Rank Capt. M.O.

Apparent age 18-1
 Trade or occupation Bank Clerk
 Height 5 Feet 5 1/2 Inches.
 Weight 135 Lbs.
 Chest measurement { Minimum 31 inches.
 Maximum expansion 3 inches.

Date.	Fit or Unfit.	EXAMINED FOR RE-ENGAGEMENT.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Physical development ✓
 Small-Pox Marks ✓
 Vaccination Marks { Arm Right. Left.
 Number 3

Date.	Result.	VACCINATIONS.
<u>June 28</u>	<u>reg</u>	<u>James Duxbury</u> M.O.
		M.O.
		M.O.

When Vaccinated last Superior
 (a) Marks indicating congenital peculiarities or previous disease none

(b) Slight defects but not sufficient to cause rejection none

Date.	Result.	ANTI-TYPHOID INOCULATIONS, ETC.
<u>July 14/16</u>	<u>✓</u>	<u>James Duxbury</u> M.O.
<u>24</u>	<u>TAD</u>	<u>James Duxbury</u> M.O.
<u>Aug 8</u>	<u>3</u>	<u>James Duxbury</u> M.O.
<u>17/8/17</u>	<u>TAD</u>	<u>James Duxbury</u> M.O.

Enlisted on 30th day of March 1916 at Bisle, Man

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment		<u>1001187</u>	<u>AT</u>	<u>Apr. 1/16</u>
Transferred to	<u>226th. OVERSEAS BATTALION C. E. F.</u>	<u>Feb/1917</u>	<u>AT</u>	<u>APR 7 1917</u>
	<u>14th RESERVE BATTN. C. E. F.</u>			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.
<u>Bramshott</u>	<u>27-2-19</u>	<u>Neuralgic Pain Head-</u>	<u>A</u> <u>Laminectomy</u>

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

JMO

PARTICULARS OF FAMILY OF AN OFFICER OR MAN ENLISTED IN C. E. F.

INSTRUCTIONS.

- (a) This form is only required for men joining units for Overseas Service and must be completed immediately the man is warned for draft overseas.
- (b) Care must be taken to see that a man is allotted his correct Regimental Number. No numbers must be duplicated and once it has been allotted to a man, even if he is subsequently discharged, the same number must never be allotted to another man.
- (c) All questions, etc., must be answered.
- (d) One copy of the form is to be forwarded by Officer Commanding unit for each Officer and man to Officer Commanding Division or District at least seven days before man leaves his station to proceed overseas, for transmission to Accountant and Paymaster General, Ottawa.
- (e) Duplicate copy is to be forwarded direct to Officer in charge of Records, C.E.F. London, immediately after arrival in England.

(1) Name of Overseas Unit which Soldier joins.....

220th. OVERSEAS BATTALION C. E. F.

(2) Regimental Number.....

1001184

(3) Full Name of Soldier.....

Charles Stephen Copeland

(4) Place of Birth.....

Burke, Manitoba

(5) Are you married, or not?.....

No

(6) If married, state,
(a) Full name of your wife.....

(b) Present Postal Address.....

(7) Are you a widower?.....

No

(8) Have you any children?.....

If so, give number of boys and girls.....

Also their names and ages.....

(9) Is your Father alive? *Yes*

If so, state name and address

P.W.B. Copeland Bursle, Man

(10) Is your Mother alive? *Yes*

If so, state name and address

*Mary Copeland
Bursle, Manitoba*

(11) If your Mother is a widow

Are you her sole support, or not? */*

(12) If sole support of widowed mother, state what amount you have given her per month prior to your enlistment, also reason she has no other support than yourself.

(13) If you have no wife, father, mother or children, state the name and relationship with full postal address of your next of kin, to whom you would desire any communication to be sent concerning you.

(14) If you have a wife, or children, or a widowed mother who depends on you as her sole support, have you applied to the Paymaster of your unit for Separation Allowance? If not, this must be done.

(15) Are you insured? *Yes*

If so, in what Company?

Great West Life Ins Co

Have you made arrangements for payment of your Insurance premium?

Yes

If not, and it is a monthly premium, you can assign the amount in addition to any other assignment you wish to make.

As Grewspul

Commanding 226th. Overseas. Battalion *Lieut. Colonel*
Officer Commanding.

Date

October 5th 1916

1001187 Copeland C.S.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
	O. C. C. B. D.	Landed in France. Taken on strength 43rd Cdn. Bn.		Nom. Roll d/ 17.6.17	17.6.17
	— do. —	Left for 3rd Cdn. Bn.		Pt II D.O. 58 d/ 4.7.17	23.6.17
	O.C. Bn.	Arrived		Nom. Roll d/ 6.7.17	4.7.17
27.7.17	43rd Bn.	JOINED UNIT			26.7.17
28.6.18	Adj. Cdn.	and boarded & claimed "B"			B 213. D. C. S. 25'6 dated 4.8.17
17.8.18	Hq Cdn. Corp.	leave of absence to UK	16.8.18	30.8.18	B 213 M.V. 8/18
31.8.18	do.	rejoined HQ Cdn. Corp.		31.8.18	
9.2.19	GOC 3rd Div.	Granted 8 days leave to see parents in Hilton	W. H. & Proc	9.2.19	R.A. 383 76
				10.2.19	3 Cdn. Bn. 247
					PT 4 17/19
					Cap. Col A.H. Campbell

Fill in Only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B., 103.)

Casualty Form—Active Service.

250M.—1-16,
H. Q. 1772-39-920.

226th. OVERSEAS BATTALION C. E. F.

Unit, Regiment or Corps

Regimental No. 1001187 Rank Private Name Charles Stephen Copeland
C. E. F.

Enlisted (a) Met 30/16 Terms of Service (a) War 16 mess after Service reckons from (a) March 30 April 1916

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) Bank clerk

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
7/4/17	O.C. 226th Battalion	S.O.S. on transfer to 14th Reserve Battalion.	Stalifax NS Liverpool Bramshott.	15/12/16 26/12/16 26/3/17 7-4-17	H.M.T. 2810. Pt. 2 O. 84.5
7/4/17	O.C. 14th Res. Batt.	T.O.S. on transfer from 226th Battalion.	Dibgate	7/4/17	Pt. 2 O. 95.1 Capt. Adjt., 14th Reserve Battalion
17-6-17	O.C. 14th Res. Batt.	S.O.S. on proceeding Overseas to 43rd Battn.	Dibgate	16-6-17	Pt. 2 D.O. 164.2 Capt. Adjt., for O.C., 14th Reserve Battalion.

CERTIFIED CORRECT.
 2 JUL 1917
 CAN. RECORDS, LONDON

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoeling Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

(SERVICE AND CASUALTY FORM Part II).

Regiment or Corps 43rd Bn. Regimental Number 1001187

*Substantive Rank pte Surname Copland Christian Names C. S.

*Acting Rank _____

(* To be entered in pencil to facilitate alteration.)

*Buff.
Original not available*

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I. 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					
		DO. 13.d/18-2-19	S.O.A. to Cdn. Record list		18-2-19	
14/2/19	✓ A179		TOP Rank Rec List Proceeded to Eng & POP. C.R. List		19/2/19	D.O.I
					20/2/19	KA/1998 D.O.I
			<i>W. Dransner</i>			
			Lient. for I.t. VAG. Canadian Section			
			S.O.S from O.M.D.C to C.E.F.			
						<i>auth 3 Cas Div</i>
						A1-20-29
						12.3.19 Part II

To be folded on this line.

Nothing to be written in this margin.

W1889-PP1150 500,000 5/18 G.W.P.Co (3490)

**Embarked, RMS BALTIC
12 March 1919 Liverpool**

W. Dransner
CAPTAIN & ADJUTANT,
No. 16 TRANS. ATLANTIC,
CONDUCTING STAFF,
W.E.F.

W. Dransner
Adjutant,
48th Canadian Battalion,
Cameron Highlanders of Canada.

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I., 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received.					

12.3.19 T.O.S. Dispersal Station

"M"

and Dispersed.....

24.3.19 D.O. 89 P2.

Wm Halliday..... Lieut.
for O. C. 10 District Depot.

Nothing to be written in this margin.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Bank clerk. *ms.*

RELIGION

Church of England.

DESCRIPTION.

APPARENT AGE

18 YEARS

1 MONTHS

HEIGHT

5 FEET

5½ INCHES

CHEST MEASUREMENT

34 INCHES

EXPANSION

3 INCHES

COMPLEXION

medium EYES

Grey

HAIR

dk brown.

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

Birtle, man.

DATE

Mar. 30th 1916.

Present address. Birtle, man.

SURNAME.

Copeland,

CHRISTIAN NAMES

Charles Steven.

REGL. No.

1001187.

RANK

Pte.

UNIT

226th

FORMER CORPS

Wil.

10th mth
 CARD NO. ✓
S/S Div 24-319 10th mth
 FOLL.
-10087 of 28-3-19
#101010
Du.

NEXT OF KIN.

NAMES IN FULL

Copeland, Mrs Mary.

RELATIONSHIP TO SOLDIER

mother.

ADDRESS

Birtle, man.

CHANGE OF ADDRESS

COUNTRY OF BIRTH

Canada, Birtle, man.

DATE

Feb. 28th 1898.

PLACE OF ATTESTATION

Birtle, man.

DATE

apl 30th 1916.

Sailed from Halifax per

S.S. Olympic 13/12/16
R/620 M. F. No. 22, 250M. - 206 H. Q. 1772-30-339.
31 Pte

Number

1001187

Rank

Pvt

Surname

COPELAND

Christian Name

Charles Stephen

Units

43rd Bu Can Inf

Theatre of War

France

Date of Service

16-6-17

Remarks

Latest Address

P.O. Birtle,
Inan

Roll No.

B Page 19377

GRATUITY (IMPERIAL)

CHRISTIAN NAME

SURNAME

REG. No.

SCHEDULE No.

LINE No.

UNIT RETIRED OR DISCHARGED FROM

PLACE OF RETIREMENT OR DISCHARGE

DATE RECEIVED FROM OTTAWA

IMPERIAL DEPOT No.

DATE RECEIVED FROM REG. DEPOT.

DATE FORWARDED TO OTTAWA

No. 1001187 RANK Pte

NAME Copeland, Charles Steven

T.O.S. 1-4-16.
2091 of 17-4-16

UNIT 226 th Battalion C. E. F.
Bottle Detachment

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 Apr. 1	1916 Apr. 16	✓	att Sch of Inst. 16-4-16	Wing 2092 of 15-4-16
May 28	May 31	✓	Rept from Sch of Inst 28-5-16	20132
June		✓		
July		✓		
Aug		u.		
Sept		✓		
Oct		✓		
Nov.		✓		
Dec.		✓	1/2 paylists only	Dec paylist.

UNIT SAILED

DEC 15 1916

Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

C

9782

Mar 1st / 17

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

8-29-20
B.A.H.

PARTICULARS OF SEPARATION ALLOWANCE

No. 100187.
 Rank Pte Promoted Reverted Discharge
 Soldier's Name C. S. Copeland.
 Battalion 226th Battrn.
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Mary Copeland
 Address Birtle Man.
 Change of Address
 1
 2
 3
 4

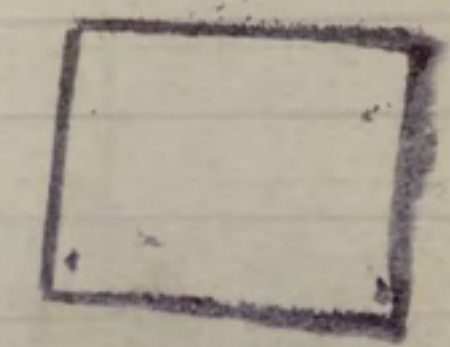
Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
1918 Dec 31			200	200	
Jan	067747		20	20	M
Feb	598479		20	20	H
Mar	0116643		20	20	H
April	08070		20	20	
May	M15145		20	20	
June	S26666		20	20	
July	S30086		20	20	
Aug	939969		20	20	M
Sept	141771		20	20	
Oct	M49686		20	20	
Nov	S57147		20	20	
Dec	M65674		20	20	
JAN	M70278		20	20	
Feb	M81469		20	20	
MAR	M88275		20	20	
			500	500	

3682 616

M. F. W. 128
400M-6-17-172-59-1141
L. L. 22320-M. & D. 7366.

AUDITED

Ret'd per: *Baltic*
 Date: 20³/₁₉ F.I. 26³/₁₉
 Clerk: *Has*
 81554



CANADIAN ARMY DENTAL CORPS, O.M.F.C. DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) COPE LAND C.S.
REGIMENT H3 Buff RANK Pte No. 1001187

Date of Examination in England 28/2/19 Date of Examination in France _____



DIRECTIONS TO DENTAL OFFICERS

1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.

PRESENT DENTAL REQUIREMENTS

1. FILLINGS 15, 17, 20,
2. EXTRACTIONS
3. CROWNS
4. DENTURES
 - (a) Full Upper nil
 - (b) Part Upper
 - (c) Full Lower
 - (d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? no

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada
- (b) In England yes
- (c) In France "

BRAMSHOTT CAMP
HANTS.

Signature of Dental Officer [Signature]

C. S.
1001187

COPE LAND

H. B. N.

2/10/12

15,000

W

100

1/2

"

8. Present disability— (Here state the exact nature of the disability resulting from the disabling conditions: e.g. (a) Weakness—slight, moderate, marked, etc.; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

① Sleeplessness when
② Neuralgic pains in head more marked R side
③ Paresthesia when

9. Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. "History" must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

① Has small scar of old bullet wd over R Temporal region just above and in front of ear. Small scar behind ear on same level where the F.B. was removed. No other objective findings. Says he has a dull pressure pain over this region at present time. Says he does not sleep well at night and has attacks of giddiness at times.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above? (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System... no Cardio-Vascular System... no Genito-Urinary System... no
Special Senses... no Respiratory System... no Integumentary System... no
Disturbances of Mentality... no Digestive System... no Muscular System... no
Osseous and Joint Systems... no Any other general condition... no

10. (a) History (of the condition referred to in Section 9 (a).)

He was shot in the side of head by a policeman on Halloween night in his home town. He was operated on the same night and bullet removed. Duration 8 weeks. From the time of sickness up to time of first complaining of pain has never had pain in head. Has had some more or less giddy since injury.

10.—(b) (Here give a complete history as obtained from invalid, with dates of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 10 (a).)

W.A.

(c) (Here give a description of wounds, scars and deformities.)

11.—(a) Did the disabling condition have its origin before enlistment?

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

(a) Yes
(b) Yes No.

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? (a) no (b) no.

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? Indefinite.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

Has been operated on in his home town. Treated at various times by his M.O. for pain in head.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? no
(If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? yes
(If not, briefly state why)

17. Recommendations.
H. H. Mackenzie Capt. C. Amos
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out).

I, the undersigned, C. S. Capeland, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

Signature of invalid examined. Rank.
J. Am

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

Yes

19. Is the invalid fit for

- (a) General service,
- (b) Service abroad, not general service,
- (c) Home service (Canada only),
- (d) Temporarily unfit.
- (e) Unfit for service in Categories A, B and C

(Category A) (Yes or No.) **Yes A**
 " B (Yes or No.)
 " C (Yes or No.)
 " D (Yes or No.)
 " E (Yes or No.)

20. It is certified that the invalid

(a) ~~Does require treatment.~~ (Give the nature of the condition and of the treatment required and its probable duration.)

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) ~~Should not pass under his own control.~~
 (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

Boarded out Feb 9 1913 of 11-11-18

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

H. McKenzie Capt. President.

PLACE Bramshott

DATE 27-2-19

J. Am. Ewen Capt. C. Am. Members

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Signed
 Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President

PLACE Members

DATE

APPROVED BY APPROVED BY

Assistant Director of Medical Services. Director-General of Medical Services.

DATE DATE

THIS FORM WILL BE USED FOR ALL RANKS
 MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
4. Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
5. If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Bramshott DATE 27/2/19

1. 1 (a) Unit 43 Batt (b) Regimental No. 1001187 (c) Rank Pte
 (d) Surname Copeland (e) Christian name Charles Stephen
 (f) Home address Birth Manitoba
 (g) Next of Kin Mrs J.W.B. Copeland (h) Relationship Mother
 (i) Address of Next of Kin Birth Manitoba
2. Age last birthday 20 yrs Date of birth 28/2/18
3. Enlistment, or Appointment (if an Officer) (a) Place Birth (b) Date 30/3/16
4. Personal description:
 (a) Height 5 ft 6 in Est (b) Weight 130 lbs Est (c) Complexion Dark
 (d) Colour of hair Brown (e) Colour of eyes Grey (f) Identification marks, Scars, etc.
 Scar R. Imperial Legion
5. Former trade or occupation Bank Clerk

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).	Years	Days
		2

	PERIODS	
	From	To
Canada	30/3/16	15/12/16
England	26/12/16	15/6/17
France or other theatres of War	15/6/17	2/2/19

7. Original disease, or injury ~~Head~~ Penetrating wound of skull (bone of)

- (a) Date of origin Sept 1/17
- (b) Place of origin France
- (c) Cause Clonus due to bullet wd which he received in Canada Nov 30/15.

* Strike out whichever inapplicable.

ASSIGNED PAY	ENGLAND or CANADA.	SEPARATION ALLOWANCE.	ENGLAND or CANADA.
EFFECTIVE DATE:-	1-3-17	EFFECTIVE DATE:-	
AMOUNT:-	\$20.00	AMOUNT:-	
NAME, ADDRESS, RELATIONSHIP & AUTHORITY		WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.	
Mrs Mary Copeland Birnie Man Mother Stopped 1/13/19		Attached to Records Office Gen Corp Hqs.	
		AUTHORITY	DATE EFFECTIVE
			Rank or Appointment
		UNIT AND TRANSFERS	
		ORIGINAL UNIT - 226 th	
		DATE ACCOUNT FIRST OPENED - 1-1-17	
		AUTHORITY	DATE EFFECTIVE
		DATE LEDGER SHEET T'S F D	UNIT TRANSFERRED TO
			43 rd

DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
10/2	126	D Shott	24.33			Regt Pals	144.57
						H.P.C.	120.24

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	1	-	-	10

PARTICULARS OF RENDERING NON-EFFECTIVE											
MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR. 1	DR. 2	DR. 3.	DR. 4.	BALANCE	DEFERED	SEPARATION
Apr	Bal fwd								106.44	30	
Apr	P Pay	33		Com A Pay				20			
		33						20	119.44	30	
May	P Pay	34.10		Com A Pay				20			
		34.10		AP281- Sub Staff	3-5-18	8.92		20	124.62	30	
		33						20			
June	P Pay	33		C A P				20			
		33		AP143- Sub Staff	4-6-18	4.46		20	133.16		
		34.10						20			
July	P P	34.10		C A P				20	147.26	30	
Aug	P P	34.10		C A P				20			
		34.10		AP377 Sub Staff HQ	14-8-18	97.33		20	64.03	30	
Sept	P P	33		C A P				20	44.03	30	
		33						20			
Oct	✓	34.10		BAR				20	98.13	30	
		34.10						20			
Nov	✓	33		BAR				20			
Dec	✓	34.10		✓				20			
Jan	✓	34.10		✓				20	132.33		
		101.20						60			
Feb	✓	20.80		C.A.P.				20	143.13	30	
	Sub outdief Pay to 28/2/19	1.44		CR 176. H3R2		14/24.33					
				98. CCCHAB End 8/3		9.73			110.51		
		32.24				34.06		20	110.51		

132.33
20.24
162.57
24.06
110.51

Dated for Service 12/31/19 Lt 32 MRA

et Baltic 20-3-19

AUDITOR PAYMASTER

PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING DAILY RATE OF PAY AND ALLOWANCES

REGT. No. 1001184 RANK Pte NAME (IN FULL) Copeland Chas S #7

M. OR S.

Form with fields for NEXT OF KIN, ADDRESS, RELATIONSHIP, PARTICULARS, EFFECTIVE DATE, AUTHORITY, ORIGINAL UNIT, PLACE OF ATTESTATION, TRANSFERRED TO, DATE, AUTHORITY, IS SEPARATION ALLOWANCE PAID?, DATE EFFECTIVE, ASSIGNED PAY \$ 2000, DATE EFFECTIVE, PAYABLE TO Mrs. Mary Copeland, RELATIONSHIP, ANY CHANGE IN ASSIGNEE OR ADDRESS, ADDRESS, STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE, EFFECTIVE, DISCHARGED PLACE M.D.10 DATE 24.3.19 REASON D AUTHORITY D.087 IF ENTITLED TO POST DISCHARGE PAY yes

24

BALANCE FROM PREVIOUS ACCOUNT 1933

Table with columns: MONTH, PAY AND F.A., OTHER CREDITS, TOTAL CREDITS, ACQUITTANCE ROLLS, CASH PAYMENTS, ASSIGNED PAY, REGIMENTAL CHARGES, OTHER CHARGES, TOTAL DEBITS, BALANCE, PARTICULARS OR REMARKS. Includes handwritten entries for 1919, 1933, and various dates with amounts and descriptions.

ak Closed

AUDITED AUG 20 1919

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate.....	Militia Form W. 23
or Particulars of Recruit.....	Militia Form W. 133
Field Conduct Sheet.....	Militia Form W. 178 or A.F.B. 122
Casualty Form.....	Militia Form W. 54 or A.F.B. 103
Last Pay Certificate.....	Militia Form W. 44
Certificate that missing documents are unobtainable.....	
Medical History Sheet.....	Militia Form B. 313 or A.F.B. 178
Proceedings of Medical Board.....	M.F.B. 227, A.F.B. 179 or A.F.A. 45
Dental History Sheet.....	Militia Form B. 465
Medical Report.....	M. F. W. 129 or D. M. S. 1375
Regimental Conduct Sheet.....	Militia Form B. 263
Company Conduct Sheet.....	Militia Form B. 263a

1. Triplicate Attestation Paper (M.F.W. 23), or Particulars of Recruit (M.F.W. 133).
2. Casualty Form (A.F.B. 103).
3. Medical History Sheet (M.F.B. 313 or A.F.B. 178).
4. Proceedings of Med. Board (M.F.B. 227 or M.F.W. 129)
5. Field Certificate (A.F.B. 103).
6. Field Conduct Sheet (M.F.W. 122)
7. Proceedings on Discharge (M.F.W. 218).
8. Discharge Certificate (M.F.W. 44) enclosed in special envelope (Form 1).
9. Copy of Discharge Certificate (M.F.W. 252).
10. Personal Certificate (C.D. 2)
11. Equipment Statement Q.M.G. Form (D.O.S. 2) and Clothing
12. Last Pay Certificate (P. 851). *Y. Duplicate*
13. Pay Book (A.B. 64).
14. War Service Gratuity (Form M.F.W. 2595).
15. Sundry Documents.

Group B. A. H.

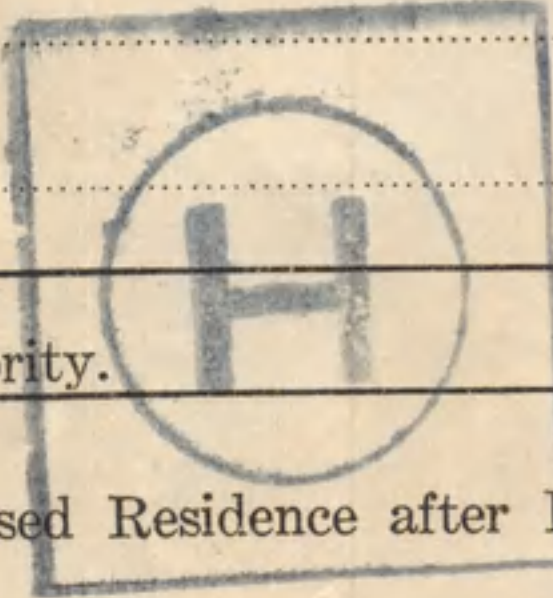
Checked by No. 100118

Date 10-21-19

No. 3 accub. 4.
10 M 10 a

War Service Badge
Class "A" No. 74807

SHORT FORM.
PROCEEDINGS ON DISCHARGE.
(Demobilization.)

1. No.	<u>100118</u>	
2. Rank.	<u>COPELAND</u>	<u>Charles Stephen</u>
3. Name.	<u>Private</u>	
4. Unit.	<u>43rd Cdn. Battalion (C. of C.)</u>	
5. Date of Discharge	<u>MAR 24 1919</u>	Place <u>Winnipeg, Man.</u>
6. Reason for Discharge	<u>Demobilization</u>	
7. Authority.		
8. Proposed Residence after Discharge	<u>Birtle, Man.</u>	
9. CERTIFICATE TO BE SIGNED BY SOLDIER.		
I hereby acknowledge that at the undernoted place and date I received my discharge Certificate M. F. W. ?.....		
		<u>C. S. Copeland</u> Signature of Soldier.
10. CONFIRMATION.		
The discharge of the above named man is hereby confirmed.		
Place	<u>WINNIPEG, MAN.</u>	
Date	<u>MAR 24 1919</u>	
		<u>E. J. Beado</u> Signature (O. C. Discharging Unit.)